Salt Water Fishing Registry 2022

This form may be used to apply for licenses. Please provide all information requested. Incomplete applications will be returned for correction.



Part A: Applicant In	formation			
Last Name:		First Nam	e	
Eye Color	Hair Color	Height _		
Driver's License				
If no driver's license	-reason			
Mailing Address:				
City:	State	e: Zip	Code: _	
•	(IF DIFFERENT THAN MAIL	ING)		
Email			_	
Landline#	Mobile#_			
Mus	st list at least one phone nur	nber		4

Part B: Fishery Information Registry year January 1, 2022 to December 31, 2022

Persons over 16 years of age are required to register before engaging in saltwater recreational fishing. Do you want to purchase 5 Recreational Halibut Tags? If yes — you will be charged a tag fee of \$5

Fees are non-refundable.

Season. The open season to fish for Atlantic halibut in territorial waters shall begin at sunrise May 18th and end at sunset June 13th

Part C: Certification / Signature

I hereby declare, under the penalty of perjury under the laws of the State of Maine and the United States of America that the foregoing information is true and correct

Today's Date ____/___/___

Registrant____

(Signature of applicant)

Parent or Guardian______(if applicant is under 18)

Under Title 12, §6306, (1)(2) and (3), a person licensed by the Department of Marine Resources has a duty to submit to inspection, search and seizure by a Marine Patrol Officer. Failure to comply with this duty may result in a license suspension.

§6306. Consent to inspection

1. Consent to inspection. Any person who signs an application for a license or aquaculture lease or receives a license or aquaculture lease under this Part has a duty to submit to inspection and search for violations related to the licensed activities by a marine patrol officer under the following conditions.

A. Watercraft or vehicles and the equipment located on watercraft or vehicles used primarily in a trade or business requiring a license or aquaculture lease under this Part may be searched or inspected at any time. B. Any other location where activities subject to this Part are conducted may be inspected or searched during the hours when those activities occur. C. A location specified in paragraph B may be inspected at any time if a marine patrol officer has a reasonable suspicion of a violation of this Part. D. No residential dwelling may be searched without a search warrant unless otherwise allowed by law.

2. Seizure of evidence. Any person who signs an application for a license or aquaculture lease or receives a license or aquaculture lease under this Part has a duty to permit seizure of evidence of a violation of marine resources laws found during an inspection or search.
3. Refusal. Refusal to permit inspection or seizure is a basis for suspension of any or all licenses under this chapter or revocation of aquaculture leases.

Part D: Vessel Information needed if fishing for Halibut

Instructions

Complete the information in **Part A**. In **Part B** select the license and tags, if appropriate and calculate total fees. Sign and date the information in **Part C**. Vessel information needed in **Part D** (if fishing for halibut). Fill in payment information in Part E

Part E: Payment Information

Mail to: Licensing Division, Department of Marine
Resources, 21 State House Station,
Augusta, ME 04333

Please make all checks payable to: Treasurer State of Maine

Your check will be processed as an <u>electronic</u> funds transfer (EFT).

☐ Please check this box if your bank does NOT accept EFT transactions so we can manually submit your check to the bank for processing. Please be aware that if an EFT transaction gets rejected by your bank, you will be responsible for the payment as well as a \$20.00 bank fee.

Credit/debit card payments: I authorize the State of Maine, Department of Marine Resources, Licensing Division, to charge my VISA □ MasterCard □ Discover □ Debit card □

E' AN

First Name_____

Last Name

applied for on this application

MUST BE AS IT APPEARS ON CARD – PLEASE PRINT LEGIBLY AS THIS MAY AFFECT PROCESSING OF APPLICATION

Card No. _____

CVV#______ expiration date ______
Signature of Cardholder:

Your credit card or checking account will be charged for what you have